



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

October 28, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**CENTERS FOR DISEASE CONTROL AND PREVENTION:
SIMPLIFIED PROCEDURES FOR ROUTINE HIV SCREENING
IN ACUTE CARE SETTINGS - GRANT NO. U65/CCU924503-01
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve Notice of Cooperative Agreement (NCA) No. U65/CCU924503-01 (Exhibit I) from the Federal Centers for Disease Control and Prevention (CDC), for the period of September 1, 2004 through August 31, 2005 for the Simplified Procedures for Routine HIV Screening in Acute Care Settings project, in the amount of \$119,996, 100% offset by CDC funds.
2. Delegate authority to the Director of Health Services, or his designee, to accept amendments to NCA No. U65/CCU924503-01 from the CDC for the period of September 1, 2004 through August 31, 2005, which do not to exceed 25% of the base award, subject to review and approval by County Counsel and notification of Board offices.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving the recommended actions, the Board is authorizing the Director of Health Services or his designee, to accept CDC funding for the County's Sexually Transmitted

Disease (STD) program to study the outcome of modifying and simplifying pre-test procedures and generating additional publicity in maximizing the number of patients who are routinely offered and accept testing for HIV/STDs.

FISCAL IMPACT/FINANCING:

The program cost is \$119,996, 100% offset by CDC funding.

Funding is included in the Fiscal Year (FY) 2004-05 Adopted Budget. There are no additional net County cost associated with this action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

For a number of years, the Federal government has provided assistance to the Department of Health Services (DHS or Department) by awarding grant funds in support of STD programs and services.

On July 30, 2004 the County's STD Program submitted an application to the CDC in response to a Request for Application (RFA) for the project "Simplified Procedures for Routine HIV Screening in Acute Care Settings."

On September 7, 2004 the Department received a grant award from the CDC to administer the project in the amount of \$119,996, for the budget period of September 1, 2004 through August 31, 2005.

County Counsel has reviewed and approved the attached NCA (Exhibit I) as to form.

Attachment A provides additional information. Attachment B is the Grants Management Statement required by the Board for all grant awards exceeding \$100,000.

CONTRACTING PROCESS:

Not applicable.

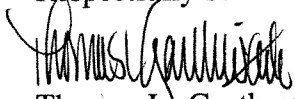
IMPACT ON CURRENT SERVICES (OR PROJECTS):

Acceptance of the NCA will provide DHS with program funds to study outcomes and modify pre-test procedures for routine HIV screening in acute care settings.

The Honorable Board of Supervisors
October 28, 2004
Page 3

When approved, the Department of Health Services requires three signed copies of the Board's action.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas L. Garthwaite", written over the printed name.

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:kh

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

cd.3523.kh.wpd

SUMMARY OF AGREEMENT

1. **TYPE OF SERVICES:**

A research project to study the outcome of modifying and simplifying pre-test procedures and generating additional publicity in maximizing the number of patients who are routinely offered and accept testing for HIV/STDs.

2. **AGENCY INFORMATION:**

Department of Health and Human Services
Centers for Disease Control and Prevention
Julia L. Valentine, Grants Management Specialist
Procurement and Grants Office
2920 Brandywine Road
Atlanta, Georgia 30341-4146
Attention: Neal Austin Grants Management Officer
Telephone: (770) 488-2732 Facsimile: (770) 488-2670
e-mail address: www.neal@cdc.gov

3. **TERM OF GRANT AWARD:**

Project Period: September 1, 2004 through August 31, 2005
Budget Period: September 1, 2004 through August 31, 2005

4. **FINANCIAL INFORMATION:**

The program cost is \$119,996, 100% offset by CDC funding.

Funding is included in the Fiscal Year (FY) 2004-05 Adopted Budget. There are no additional net County cost associated with this action.

5. **GEOGRAPHIC AREA TO BE SERVED:**

Countywide.

6. **DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:**

Robert Kim-Farley, M.D., M.P.H., Director, Communicable Disease and Prevention

7. **APPROVALS:**

Public Health: John F. Schunhoff, Ph.D., Chief of Operations

Contract Administration: Irene E. Riley, Director

County Counsel (approval as to form): Kelly Auerbach-Hassel, Deputy County Counsel

**Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000**

Department: SEXUALLY TRANSMITTED DISEASE PROGRAM

Grant Project Title and Description

SIMPLIFIED PROCEDURES FOR ROUTINE HIV SCREENING IN ACUTE CARE SETTINGS

A research project to study the outcome of modifying and simplifying pre-test procedures and generating additional publicity in maximizing the number of patients who are routinely offered and accept testing for HIV/STDs.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
CDC	NCA No. U65/CCU924503-01	ASAP

Total Amount of Grant	\$119,996	County Match Requirements	N/A
Grant Period: 9/01/04	Begin	One year period	End Date: 8/31/05
Number of Personnel Hired -Grant	2	Full	1 Part Time 1

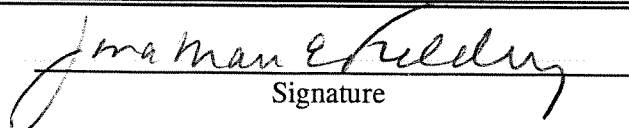
Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	X	No	_____
Will all personnel hired for this program be placed on temporary ("N") items?		X	No	_____
Is the County obligated to continue this program after the grant expires	Yes	_____	No	X
If the County is not obligated to continue this program after the grant expires, the Department will:				
a). Absorb the program cost without reducing other services	Yes	_____	No	X
b). Identify other revenue sources	Yes	X	No	_____
Describe				
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No	_____

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

Department Head


Signature

Date 10/25/04

08/30/2004 93.943
SUPERSEDES AWARD NOTICE DATED
REPT THAT ANY ADDITIONS OR RESTRICTIONS
PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.
GRANT NO. 5. ADMINISTRATIVE CODES
U65/CCU924503-01 CCU65
PROJECT PERIOD 09/01/2004 THROUGH 08/31/2005
BUDGET PERIOD 09/01/2004 THROUGH 08/31/2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NOTICE OF COOPERATIVE AGREEMENT
AUTHORIZATION (LEGISLATION/REGULATION)
PHS302,311,317(42USC241,243,247(B))

EXHIBIT I

TITLE OF PROJECT (OR PROGRAM)
SIMPLIFIED PROCEDURES FOR ROUTINE HIV SCREENING IN ACUTE CARE SETTINGS
GRANTEE NAME AND ADDRESS
COUNTY OF LOS ANGELES
COUNTY OF LOS ANGELES
2615 S. GRAND AVENUE., RM. 500
LOS ANGELES, CA 90007
10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
PETER R. KERNDT, MD., MPH
COUNTY OF LOS ANGELES
2615 S. GRAND AVENUE., RM. 500
LOS ANGELES, CA 90007

APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)
PHS GRANT FUNDS ONLY
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION
(PLACE NUMERAL ON LINE) I
SALARIES AND WAGES 71,048
FRINGE BENEFITS 28,466
TOTAL PERSONNEL COSTS 99,514
CONSULTANT COSTS 0
EQUIPMENT 0
SUPPLIES 440
TRAVEL 1,800
PATIENT CARE-INPATIENT 0
PATIENT CARE-OUTPATIENT 0
ALTERATIONS AND RENOVATIONS 0
OTHER 2,758
CONSORTIUM/CONTRACTUAL COSTS 0
GRANTEE RELATED EXPENSES 0
GRANTEE STIPENDS 0
GRANTEE TUITION AND FEES 0
GRANTEE TRAVEL 0
TOTAL DIRECT COSTS 104,512
DIRECT COSTS (21.79 % OF S&W/TADC) 15,484
TOTAL APPROVED BUDGET 119,996
AIR FEE 0
FEDERAL SHARE 0
NON-FEDERAL SHARE 119,996
12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE
A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U) 119,996
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS 0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD 0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION 119,996
13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)
BUDGET YEAR TOTAL DIRECT COSTS BUDGET YEAR TOTAL DIRECT COSTS
A. 0 0 D. 0 0
B. 0 0 E. 0 0
C. 0 0 F. 0 0
14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)
A. AMOUNT OF PHS DIRECT ASSISTANCE 0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS 0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD 0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 0
15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)
A. DEDUCTION
B. ADDITIONAL COSTS
C. MATCHING
D. OTHER RESEARCH (ADD/DEDUCT OPTION)
E. OTHER (SEE REMARKS)
B
THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES X NO)
SPONSOR: NATIONAL CENTER FOR HIV PREVENTION
*IDC RATE BASE: SEE ATTACHED

GRANTS MANAGEMENT OFFICER (SIGNATURE) NEALEAN K. AUSTIN (TITLE) GRANTS MANAGEMENT OFFICER
CLASS. 41.51 18. CRS.EIN: 1-956000927-A1 19. LIST NO.: C0-216-A04
FY-CAN DOCUMENT NO. ADMINISTRATIVE CODE AMT. ACTION FIN. ASST AMT. ACTION DIR. ASST
4-11515 04-9213042 CCU924503 CCU65 119,996 0

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 08/30/2004
GRANT NO.....: U65/CCU924503-01
APPROVAL LIST NO: C0-216-A04

DIRECT ASSISTANCE BUDGET:

=====

PERSONAL SERVICE:	0
TRAVEL.....:	0
VACCINE.....:	0
OTHER SERVICE....:	0

AWARD

AWARD NO. U65/CCU924503-01

TERMS AND CONDITIONS THIS AWARD

NOTE 1: INCORPORATION: Program Announcement Number 04156 entitled "Simplified Procedures For Routine HIV Screening In Acute Care Settings" and the application dated July 30, 2004, and all applicable regulations and OMB Circulars are made a part of this award by reference.

This award action provides funds for Budget and Project Year 01 in the amount of \$119,996,000 covering the period of September 1, 2004 through August 31, 2005.

Based on the above, the budget categories' totals are as stated on the award cover page.

NOTE 2: INDIRECT COST:

Grantee has a Cost Allocation Rate of 21.79%

NOTE 3: REPORTING REQUIREMENTS:

a) Annual Financial Status Report (SF 269 or SF 269A):

The Financial Status Report (FSR) is due to CDC Grants Management Office 90 days after the end of the budget period and includes only those funds authorized and actually expended during the budget period covered by the report.

b) Progress Reports:

i) The 1st and 2nd semi-annual Progress Reports must include:

- A comparison of actual accomplishments with the goals and objectives established for the period.
- Reasons why established goals were not met, (if appropriate).
- A description of your progress in monitoring and evaluation activities.
- A description of your capacity assistance building needs, (if any).

ii) The first semi-annual Progress Report will also serve as your Interim Progress Report (IPR).

iii) A FINAL PROGRESS REPORT is due with the FSR no later than 90 days after the project period end date. (Note: The final progress report should summarize the entire project).

**NOTICE OF COOPERATIVE AGREEMENT
AWARD**

Page 3 of 6	DATE ISSUED
AWARD NO. U65/CCU924503-01	

Additional guidance on what to include in the Progress Reports will be provided within three months before the due date, if applicable.

You are hereby authorized to submit the progress reports via electronic transmission. The transmission must include a cover page with signature, the progress report, and all required documents. If you should choose this method, please submit the required documents to the attention of your Grants Management Specialist (GMS). In addition, please furnish a copy of the report to your Project Officer (PO). **DO NOT MAIL COPIES** if you choose this method. If electronic transmissions are not available, hardcopy submissions are acceptable (an original and two copies). The due date is November 30, 2005.

NOTE 4: SUMMARY STATEMENT: A written response to the weaknesses for each criterion in the Summary Statement is due on or before September 30, 2004. You are hereby authorized to submit your response to the Summary Statement via electronic transmission. If you should choose this method, please submit the documents to the attention of your Grants Management Specialist. In addition, please furnish a copy of the report to your Project Officer. The transmission must also include a cover page with your signature. **DO NOT MAIL COPIES** if you choose this method. If electronic transmission is unavailable, hardcopy submissions are acceptable (an original and two copies).

NOTE 5: HIV PROGRAM REVIEW PANEL REQUIREMENT: The applicant is reminded that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Officer.

NOTE 6: CORRESPONDENCE: All correspondence regarding this award must be identified with the award number as shown at the top right of this page.

NOTE 7: PRIOR APPROVAL: "ALL" requests that require the prior approval must bear the signature of an authorized official of the grantee business office as well as that of the principal investigator or program director. Any request received which reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include a new proposed budget and a narrative justification of the requested changes.

NOTE 8: PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number **U65/CCU924503-01** from **The Centers for Disease Control and Prevention**. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of **The Centers for Disease Control and Prevention**. All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, educational curricula, websites, and other relevant programs materials have to be reviewed and approved by an established program review panel. Any CDC funds used to support subcontracts (e.g., Community Based Organizations) fall under these guidelines.

NOTICE OF COOPERATIVE AGREEMENT

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DATE ISSUED

AWARD

AWARD NO. U65/CCU924503-01

NOTE 9: EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.

NOTE 10: ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

NOTE 11: INSPECTOR GENERAL: For your information, the United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.

NOTE 12: PAYMENT INFORMATION:

Payment under this award will be on the DIRECT payment method. At CDC, recipients are placed on one of two methods of payment.

These are **Direct Drawdown or Direct**, and **Manual Drawdown or Manual**. It is preferred that Recipients maintain good standing in all fiscal and programmatic areas, thus, maintaining status on a direct drawdown basis, however, under certain conditions, recipients are placed on manual drawdown.

For those recipients placed on manual drawdown, the CDC Grants Management Officer will monitor and control all payment advances for your award. Therefore, PMS 270 forms, as well as correspondence related to payments must be forwarded to the attention of your assigned Grants Management Specialist.

If you are authorized Direct Drawdown, funds will be obtained directly through the Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, DHHS. The PMS will forward the following information to you:

- (1) The DHHS Manual for Recipients Financed Under the Payment Management System (PMS)
- (2) The PMS-272 (Status of Federal Cash) forms
- (3) PMS Contact person that is responsible for your account
- (4) Instructions regarding direct deposit and other payment routes.

PMS correspondence, mailed through the U. S. Postal Service, should be addressed as follows:

Division of Payment Management, FMS/PSC/HHS,
P. O. Box 6021

**NOTICE OF COOPERATIVE AGREEMENT
AWARD**

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DATE ISSUED

AWARD NO. U65/CCU924503-01

Rockville, MD 20852

If a carrier other than the U. S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management, FMS/PSC/HHS,
Rockwall Building #1, Suite 700,
11400 Rockville Pike,
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the notice of Grant/Cooperative Agreement to your payment request form.

NOTE 13: AUDIT FILING COMPLIANCE: An organization that expends \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of **OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations**. It must be completed and a data collection form, and reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report must be sent to: **Federal Audit Clearing House, Bureau of the Census, 1201 East 10th Street, Jacksonville, IN 47132**. Should you have questions regarding the submission or processing of your Single Audit package, contact the Federal Audit Clearinghouse at:

(301) 763-1551

(800) 253-0696

OR email: govs.fac@census.gov

NOTE 14: KEY PERSONNEL: In accordance with 45 CFR 74.25 (c)(2), Revision of Budget and Program Plans, whenever there is a significant change in the level of participation in the approved project by the key personnel listed below, the grantee must notify the Grants Management Office as soon as the information is known, but no later than 30 days before the expected date of departure or change in the level of participation. A change in the level of participation would exist if a key person was inactive continuously for three months or if that individual either withdraws from the project entirely or devotes 25 percent less effort than originally expected. The grantee is required to notify the Grants Management Office of the proposed alternative plans for conducting the activity.

Key Personnel:

Executive Director: Peter R. Kerndt, M.D.

NOTICE OF COOPERATIVE AGREEMENT

Page 6 of 6

DATE ISSUED

AWARD**AWARD NO. U65/CCU924503-01****NOTE 15: CDC CONTACT NAMES:****Grants Management Officer (GMO)**

Nealean K. Austin
Grants Management Officer
Centers for Disease Control & Prevention
Procurement and Grants Office (PGO)
2920 Brandywine Road
Atlanta, GA 30341-4146
Telephone: (770) 488-2722
Fax: (770) 488-2670
E-mail: neal@cdc.gov

Grants Management Specialist (GMS)

Julia L. Valentine
Grants Management Specialist
Centers for Disease Control & Prevention
Procurement and Grants Office (PGO)
2920 Brandywine Road
Atlanta, GA 30341-4146
Telephone: (770) 488-2732
Fax: (770) 488-2670
E-mail: jxv1@cdc.gov

CDC PROJECT OFFICER (PO)

Sheryl Lyss
Project Officer
Centers for Disease Control & Prevention (CDC)
Division of HIV/AIDS Prevention
Corporate Square, Bldg. 8, MS, E-58
Atlanta, GA 30333
Telephone: (404) 639- 2093
Fax: (404) 639- 8640
E-Mail: sml8@cdc.gov

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES - DISEASE CONTROL
SEXUALLY TRANSMITTED DISEASE PROGRAM

SIMPLIFIED PROCEDURES FOR ROUTINE HIV SCREENING IN ACUTE CARE SETTINGS

PROGRAM ANNOUNCEMENT 04156
ESTIMATES OF YEAR 1 BUDGET
Effective September 1, 2004 through August 31, 2005

ppi

DESCRIPTION	Monthly Salary	# Of FTEs	# Of Months	# Of % Time	Grant Budget	County In-Kind	Total Program Cost
PERSONNEL SERVICES							
A. Full-Time Employees							
Director, Peter Kerndt, MD, MPH	\$ 12,870.00	1	12	15%	\$ -	\$ 23,166	\$ 23,166
Epidemiologist, Lisa Smith, DrPH	\$ 5,742.14	1	12	10%	\$ 6,891		\$ 6,891
Research Analyst III, Jorge Montoya, PhD	\$ 5,346.40	1	12	100%	\$ 64,157	\$ -	\$ 64,157
Total Full-Time Salaries					\$ 71,047	\$ 23,166	\$ 94,213
Employee Benefits (@ 40.0659%)					\$ 28,466	\$ 9,282	\$ 37,747
TOTAL PERSONNEL SERVICES					\$ 99,513	\$ 32,448	\$ 131,961
OPERATING EXPENSES							
<u>Supplies:</u>							
Office Supplies					\$ 440		\$ 440
<u>Travel:</u>							
Travel (1 trip for P.I. and Research Analyst)					\$ 1,800		\$ 1,800
<u>Other:</u>							
Incentives					\$ 1,500		\$ 1,500
Printing/Duplication					\$ 600		\$ 600
Mileage (1,197 miles @ 0.34/mile)					\$ 407		\$ 407
Mail/Postage/Shipping					\$ 250		\$ 250
TOTAL OPERATING EXPENSES					\$ 4,997	\$ -	\$ 4,997
INDIRECT COST (@ 21.7971% on Total Salary and Wages)					\$ 15,486	\$ 5,050	\$ 20,536
TOTAL BUDGET					\$ 119,996	\$ 37,497	\$ 157,494

**SUMMARY STATEMENT
PROGRAM ANNOUNCEMENT #04156
Simplified Procedures for Routine HIV Screening in Acute Care Settings**

Date of Review: August 17, 2004

**Applicant Name: Los Angeles County Department of Public Health Services,
04156-01**

Amount Requested: \$120,000

Recommendation: Approved

Score: 71.75

BRIEF SUMMARY OF THE APPLICATION:

Los Angeles County Department of Public Health Services proposes a project to examine and modify changes in pre-test screening and education procedures in an attempt to increase the number of patients who undergo HIV testing by 40%.

Through modifications to the process, they plan to offer the test to more patients, expand the age range for eligible patients, and increase the acceptance rate for those offered the test.

They will modify existing procedures at King Drew Medical Center (KDMC). These procedures are utilized as part of a routine HIV-testing program and have been in place since October 2003. Proposed activities are:

- a. to streamline the consent process;
- b. modify the approach to locating and gathering information;
- c. and to increase publicity (posters and *fotonovelas*).

These changes will be implemented in four stages to help demonstrate the impact of each change on the percent of persons accepting testing.

The panel agreed with the reviewers' evaluations and comments; therefore, there was minimal discussion of the application. All panelists participated in scoring the application. The application was approved with an average score of 71.75.

CRITERIA 1: Background, Need, and Objectives

Summary of Strengths:

- Applicant provides need for and history of testing at their facility. Currently, testing is accepted by about 60% of those eligible. In 9 months, 755 were tested, 507 refused. Reasons given were because they were recently tested [184]; were in too much pain [101]; or were not interested [185]. In addition, 425 were not approached because there was no response when their name was called out (usually because they were seeing their doctor or had left the waiting area).

- The applicant uses existing programmatic data to identify goals and to propose modifications consistent with the objectives of the project. Applicant plans to review and summarize preliminary data from their ongoing study of activities and outcomes on the implementation of routine rapid HIV testing in their acute care facility (the Emergency Room Urgent Care Clinic).
- The applicant proposes potential modifications to the existing procedures with the aim of increasing the number and proportion of patients tested for HIV.
- Applicant identifies barriers, proposing to use the Transtheoretical Model of Change to increase patient acceptance of HIV testing. The applicant discusses the potential effectiveness of proposed modifications, and projects a 40% increase in HIV testing rates based on their implementation.
- Serving a primarily Hispanic population, they propose the use of culturally-appropriate education/information tools such as *fotonovelas*.
- To increase the acceptance rate of acceptance when the rapid HIV test is offered, the program objectives include modifying testing and counseling; and the use of advertising through posters and *fotonovelas*.

Summary of Weaknesses:

- Applicants do not present data on improving service delivery.

CRITERIA 2: Methods

Summary of Strengths:

- The applicant has identified a number of factors that might be improved to influence acceptance of testing, including better advertising (posters and *fotonovelas*) and modifying pretest procedures and materials to decrease pretest time. These appear feasible.
- The proposal describes methods designed to utilize feedback and revise and improve program effectiveness. They propose to utilize a marketing model to increase HIV test acceptance and shorten pre-test time.
- The applicant proposes to decrease pre-test time by designing a shorter consent form, with patients reading and signing consent prior to counseling.
- A variety of techniques are proposed, including focus groups to test four *fotonovelas* and posters, introducing them in a step-wise fashion to assess impact of each change. (p. 11)
- Finally, the applicant proposes to assess the impact of these modifications through analysis of outcome measures.

Summary of Weaknesses:

- The proposed increase in testing acceptance of 40% may be ambitious, given the modifications proposed for implementation.
- Applicant is not clear whether 3 focus groups are sufficient to develop 3 high-quality *fotonovelas*, with one for each target group. Developing one *fotonovela* based on the results of a single focus group may be insufficient to appeal to the target audience.

CRITERIA 3: Monitoring and Evaluation

Summary of Strengths:

- Applicant proposes methods by which data will be collected to evaluate program.
- The proposed outcomes can be compared to those from the prior (baseline) project activities. The applicant plans to utilize ANOVA statistics to compare each protocol modification to baseline numbers--number of patients offered testing, number of patients accepting testing, number of patients tested, and number of patients with newly diagnosed HIV infection.
- The applicant provides a plan for evaluating the effectiveness of the programmatic changes by using staggered protocol implementation and evaluation of outcomes (every two months) over time. This design will allow the applicant to draw multiple comparisons. A simple sample size calculation is provided.
- The project appears to be designed in such a way that assessment of satisfaction will be evaluated concurrently with the assessment of the programmatic outcomes of the new procedures.

Summary of Weaknesses:

- Evaluation design may include too many variations to study well. Two rather than three approaches might be more effective.
- The sample size selection may be inadequate to draw a correct conclusion. Past data demonstrate that the number of persons tested in March, April, and May were 108, 78, and 59. Without adding an intervention, there is already great variance. Therefore, it is unclear whether the proposed interventions would have a statistically significant impact on the number of people tested.
- In addition, applicant proposes to expand the age criteria for those eligible for testing. It is not clear what impact this will have on testing versus the intervention effect.
- It would appear that the only potential increase in persons tested would come from the 185 persons who were not interested in testing (and a fraction of the 425 who were not approached, with most not in the waiting room). Combining these two numbers, and dividing by 9 months, will yield a maximum of more than 68 persons per month.
- The proposed program may not be designed to influence the yield of newly identified HIV positive individuals in any way, and may only result in increases in testing rates without more HIV positive patients identified.

CRITERIA 4: Capacity

Summary of Strengths:

- The applicant proposes experienced staff, Drs. Kerndt, Montoya, and Smith, and facilities that are supporting routine testing.
- Prior testing efforts have been quite successful.
- Appropriate letters of support are provided by the applicant.

- The institution appears to strongly support a routine approach to HIV screening, and has proposed modifications to their existing procedures that would enhance this activity.
- The applicant demonstrates that a mechanism is in place to provide routine HIV screening activities, such that awarded funds will be used to develop and evaluate modified procedures rather than to provide the entire financial basis for the screening program.

Summary of Weaknesses:

- It is of concern that the program will only include English-speaking patients in an area with a large number of Hispanic patients.

CRITERIA 6: Budget (not scored)

- There is no statement on funding for routine HIV screening activities.
- Proposed budget does not include funds for testing.

RECOMMENDATIONS:

- Timeline may be ambitious, and may need to be reviewed and revised.
- Applicant should determine whether review and consent form should be reviewed prior to instituting this protocol.
- Reviewers expressed the opinion that this project appears to be more of a program evaluation than a research protocol, which would require consent.

OTHER RELEVANT COMMENTS:

- This is an outstanding application that builds on a very successful program that is already in place.
- The research team, the environment, and the support appear to be excellent.
- Dr. Kerndt understands the problem and is very capable of conducting this study.
- A variety of qualitative and quantitative techniques will be employed to understand how best to shorten the duration of pre-test counseling.
- Blanket seroprevalence studies were eliminated in the 1990s. In 1993, hospitals with HIV seroprevalence from blinded testing over 1% should seek screening. It is not known whether the project has prior seroprevalence data. The applicant appears to address methods to evaluate simple methods of counseling, not seroprevalence. CDC Query – This bullet is not clear

SIMPLIFIED PROCEDURES FOR ROUTINE HIV SCREENING IN ACUTE CARE SETTINGS

BUDGET JUSTIFICATION

GRANT TERM: September 1, 2004 through August 31, 2005

PERSONNEL

Peter R. Kerndt, MD, MPH (0.15 FTE) Principal-Investigator in-kind

Dr. Kerndt will be responsible for all aspects of the project, including site operations, data analysis and dissemination, and community collaboration and education. He has a proven history of working with CDC and will monitor the project for protocol compliance. He will be responsible for direct supervision of the Project Director and Research Analyst.

Dr. Kerndt is currently the Director at Los Angeles County Sexually Transmitted Diseases Programs (LAC STDP). Dr. Kerndt also holds a faculty appointment at the University of Southern California where he is an Associate Clinical Professor of Medicine in the Division of Infectious Diseases. Previously, he served as the Director of the HIV Epidemiology Program of the Los Angeles County Department of Health Services between 1987 and 1999. Dr. Kerndt has extensive experience coordinating and conducting multi-site cross-sectional and cohort studies.

No funding is being requested to cover the cost of the Principal Investigator for the proposed study. 15% of Dr. Kerndt's time will be allocated to the proposed project as in-kind services.

Lisa V. Smith, DrPH (0.10 FTE) Epidemiologist \$6,891

Dr. Lisa Smith is the current Project Director for the "Routine Sexually Transmitted Diseases (HIV/Chlamydia/Gonorrhea) Counseling and Testing in the Emergency Department of Martin Luther King." Dr. Smith and Dr. Montoya will be collaboratively responsible for gathering, evaluating and analyzing project data; devising data processing procedures utilizing computer analysis and data quality assurance activities; and developing reports and presentations based on project data analysis.

Dr. Smith is currently responsible for planning, implementing, coordination and evaluating all aspect of the emergency room project. She manages all project operations, prepare and monitor the project budget, contracts and agreements; and act as liaison between LAC STDP, CDC, the Martin Luther King – Charles Drew Medical Center (King-Drew), Los Angeles County Public Health Laboratory (LAC PHL), and academic partners.

Jorge Montoya, PhD (1.0 FTE) Research Analyst \$64,157

Dr. Montoya will serve as the primary Research Analyst for the proposed study. Dr. Montoya will be responsible for designing and conducting the formative research, the interpretation of these results, and the development of publicity materials. He will also be responsible for the design of the evaluation instrument, overseeing data collection, analyzing data, and disseminating results of the evaluation project through internal reports, manuscripts submitted for publication, and conference presentations.

FRINGE BENEFITS (40.0659% for full-time employees) \$28,466

I. TOTAL PERSONNEL COSTS \$99,513

OPERATING EXPENSES

II. CONSULTANT COSTS N/A

III. EQUIPMENT COSTS N/A

IV. SUPPLIES **\$440**

Office Supplies \$440

Funds are also requested for expendable office supplies; e.g., paper, pens, binders, folders, calendars, business cards, easels for presentations, bar locked file cabinets for data storage and computer supplies, e.g., discs, software, and printer paper. The estimated cost for office supplies for year one is \$440.

V. TRAVEL **\$1,800**

Travel funds are requested for the principal investigator and project director to attend a protocol development and investigators meeting in Atlanta, GA. Personnel who travel will be determined by the PI and according to the needs of the study development phase and CDC requests. According to study specifications and Los Angeles County Department of Health Services reimbursement guidelines, trips are budgeted at round trip airfare per traveler, hotel/meals per day, mileage and parking reimbursement at the home airport, telephone expenses, and ground transportation at the destination city. Travel funds per person are estimated at \$900 (airfare @ \$375/ 2 night hotel stay @ \$150 night = \$300; 3 days per diem allowance for meals @ \$55 per day = \$165; incidental expenses at \$20/day = \$60). Total travel funds requested for year one are \$1,800.

VI. PATIENT CARE COSTS **N/A**

VII. ALTERATIONS/RENOVATIONS **N/A**

VIII. OTHER EXPENSES **\$4,997**

Incentives \$1,500

Funds are requested to cover incentives for focus group participants. We will conduct 3 focus groups consisting of 10 participants each. Each participant will receive \$50 cash equivalent for his or her participation in the focus groups. (3 groups x 10 participants=30 participants x \$50/participant= \$1,500)

Printing/Duplication \$600

Funds requested are for anticipated costs related to printing and duplication. Large amounts of photocopying of surveys, materials, and consent forms will be required for this project given the substantial sample size of the study. Paper, toner for staff printers and the photocopy/fax machine, and related supplies such as staples, will be required. The estimated cost for printing/duplication supplies for year one is \$600.

Mileage \$407

Mileage is requested for project related travel to the testing site for the Research Analyst and the Epidemiologist. According to mileage policy for the Los Angeles County STD Program, staff travel for study-related purposes is reimbursed at \$0.34/mile. Staff travel for the proposed project is estimated at approximately 1,197 miles during the first year of the project.

Mail/Postage \$250

Mail/Postage cost is requested for study related correspondence with CDC, with local community advisory boards, and miscellaneous study communication.

IX. SUBTOTAL DIRECT COSTS (Personnel + Operating Expenses) **\$104,510**

X. SUBCONTRACTUAL COSTS **N/A**

XI. TOTAL DIRECT COSTS **\$104,510**
[TOTAL INDIRECT COSTS at 21.7971%] **\$15,486**

XII. TOTAL FUNDS REQUESTED **\$119,996**
